



UNIVERSITY OF HYDERABAD
[P.O. Central University, Hyderabad – 500 046]

JOINT DECLARATION

**FOR CLAIMING LEAVE TRAVEL CONCESSION (LTC) / CHILDREN EDUCATION ALLOWANCE
(CEA) / REIMBURSEMENT OF MEDICAL EXPENSES**

I, _____, Id. No. _____
employed as _____ in the Office of the University of
Hyderabad.

My wife / husband _____ employed as
_____ in the Office of the
_____ do hereby jointly
declare that we claim the following as under where my wife / husband is employed with
immediate effect.

1. Leave Travel Concession : from the Office of

2. Children Education Allowance : from the Office of

3. Reimbursement of Medical Expenses : from the Office of

Signature of Husband

Signature of Wife

Signature & Designation of
Head of Office with Office Stamp

Signature & Designation of
Head of Office with Office Stamp